



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich/Governor

Lance Himes/Director of Health

Riley Mullins, Director of Development  
Life Forward, Pregnancy Care of Cincinnati  
2415 Auburn Ave.,  
Cincinnati, OH 45219

Dear Mr. Mullins:

Thank you for your interest in the Choose Life Program and for your application for Choose Life funding. The applications(s) was approved for the following county(s) in the amount(s) of:

- Hamilton \$786.60
- Clermont \$340.00
- Butler \$255.0

Application(s) was not approved for the following county(s) for the following reason(s):

- Warren Other applicant organization located in county

Enclosed is a copy of the application as was submitted. You should receive an award totaling \$1,381.60 within the next 30 days.

If you have any questions, please contact the Choose Life Program Consultant, Marius Igwe at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov) or 614-466-4634.

Sincerely,

A handwritten signature in black ink, appearing to read "Lance Himes".

Lance Himes  
Director of Health

**OHIO DEPARTMENT OF HEALTH (ODH)**  
**CHOOSE LIFE FUND**  
**DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

**I. ODH and Organization Information.**

<b>Organization</b>	Life Forward, Pregnancy Care of Cincinnati
OAKS Supplier Number & Address Code	000050470
Federal Tax ID Number	[REDACTED]
Street Address	2415 Auburn Ave.
City, State Zip code	Cincinnati, OH 45219
County of Location Providing Services <i>(Entity must be physically present in the county to apply for funding; Only one Application Per Location)</i>	Hamilton
Address where ODH should Direct Payment	2415 Auburn Ave: Cincinnati OH 45219
<b>Counties of Service</b> <i>This location serves women from the following counties:</i>	Clermont, Warren, Butler
Name of Person and Title completing application	Riley Mullins, Director of Development
Area Code/Phone Number	513-487-7777
Email	r.mullins@lifeforwardohio.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**
- Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
  - Is a private, nonprofit organization;
  - Is committed to counseling pregnant women about the option of adoption;
  - Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
  - Does not charge pregnant women for any services received;
  - Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
  - Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

**III. Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:

- To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
- If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the contiguous county to apply for funding);
- If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

The director shall ensure that any funds allocated for a county are distributed equally among eligible organizations that apply for funding within the county.

**IV. For Current Choose Life Organizations:** By June 1, 2018, the following (A & B) is required with this Application:

A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. **An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with current accounting standards. Statements must verify that the Choose Life funds were used as follows:
  - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
  - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
  - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
2. **Notarized Financial Statement Form.** This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
  - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
  - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
  - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
3. **Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

B. **Update Supplier Information online.** If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov).

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

**V. For New Choose Life Organization Applicants:** By June 1, 2018, the following (A & B) is required with this application:

- A. Organization must register online using the OAKS Supplier Self-Registration module at [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov);
- B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
- C. Any Organization may opt for electronic deposit by completing the *Authorization Agreement for Direct Deposit of EFT Payments form (optional)*.

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

**VI. By June 1, 2019, all Organizations** shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that In accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/14/18

Date



Signature of Person Completing Application

Riley Mullins, Director of Development  
[Print Name & Title]

**Application to be submitted to:**

ODH/Choose Life Fund

Bureau of Maternal, Child and Family, Attention: Marius Igwe  
246 North High Street, 6<sup>th</sup> floor  
Columbus, OH 43215

Contact Marius Igwe with questions at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov)  
or 614.466.4634.

**Choose Life Fund Expenditure Form (SFY18)**  
**Report Period: June 1, 2017 Through May 31, 2018**  
**Due June 1, 2018**

Agency Name	Life Forward, Pregnancy Care of Cincinnati			
Tax ID #				
Contact Name	Riley Mullins, Director of Development			
Contact Phone #	513-487-7777			
Quarter	Total Expenditures	1st Quarter	2nd Quarter	3rd Quarter
	<b>6/1/17 Thru 5/31/18</b>	<b>6/1/17 Thru 8/30/17</b>	<b>9/1/17 thru 11/30/17</b>	<b>12/31/18 thru 2/28/18</b>
<b>Carryover SFY 16 Amount</b>				<b>3/1/18 Thru 5/31/18</b>
<b>Award Amount</b>	<b>\$ 5,900.00</b>			
<b>Material Needs of Pregnant Women at 60%</b>	<b>\$3,588.00</b>			
<i>Clothing Costs</i>	\$0.00	\$0.00	\$0.00	
<i>Housing Costs</i>	\$0.00	\$0.00	\$0.00	
<i>Medical Care Costs</i>	\$7,575.00	\$2,121.00	\$909.00	\$2,424.00
<i>Food Costs</i>	\$0.00			
<i>Utilities Costs</i>	\$0.00			
<i>Transportation Costs</i>	\$0.00			
<i>Other Costs (Explain)</i>	\$0.00			
<b>Total Material Costs</b>	<b>\$7,575.00</b>	<b>\$2,121.00</b>	<b>\$909.00</b>	<b>\$2,424.00</b>
<b>+/- Award Amount</b>	<b>\$ (3,987.00)</b>			
<b>Direct Costs at 40%</b>	<b>\$ 2,392.00</b>			
<i> Counseling Costs</i>	\$5,115.00	\$1,432.20	\$613.80	\$1,636.80
<i> Training Costs</i>	\$700.00			\$1,432.20
<i> Advertising Costs</i>	\$462.00	\$78.00	\$78.00	\$700.00
<b>Total Direct Costs</b>	<b>\$6,277.00</b>	<b>\$1,510.20</b>	<b>\$691.80</b>	<b>\$178.00</b>
<b>+/- Award Amount</b>	<b>\$ (3,885.00)</b>			<b>\$ 128.00</b>
<b>Total Award Minus Materials and Direct Costs</b>	<b>\$ [7,872.00]</b>	<b>\$ (7,872.00)</b>		
<b>Award Amount @ 10% (if less than 10% of total award. The amount must be carried forward until depleted.)</b>	<b>\$ 598.00</b>	<b>\$ (7,872.00)</b>		
<b>Refund Due ODH (June 1, 2018)</b>	<b>\$ -</b>			

**Form W-9**(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service**Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Print or type  
**See Specific Instructions on page 2.**

Name (as shown on your income tax return)

**Life Forward, Pregnancy Care of Cincinnati**

Business name/dissolved entity name, if different from above

Check appropriate box for federal tax classification:

 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► Exempt payee Other (see instructions) ►**Nonprofit Corporation exempt under code section 501(c)(3)**

Address (number, street, and apt. or suite no.)

**2415 Auburn Avenue**

City, state, and ZIP code

**Cincinnati, OH 45219**

List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

Employer identification number

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**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions on page 4.

**Sign Here**Signature of  
U.S. person ►

Date ►

**General Instructions**

Section references are to the Internal Revenue noted.

Note. If you are requesting a form other than Form W-9 to request requester's form if it is substantially similar

**Purpose of Form**

A person who is required to file an information obtain your correct taxpayer identification num example, income paid to you, real estate trans you paid, acquisition or abandonment of secur of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (alien), to provide your correct TIN to the person requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (number to be issued),
2. Certify that you are not subject to backup withholding.
3. Claim exemption from backup withholding payee. If applicable, you are also certifying that allocable share of any partnership income from is not subject to the withholding tax on foreign effectively connected income.

or federal tax purposes, you are  
are:U.S. citizen or U.S. resident alien,  
company, or association created or  
under the laws of the United States,  
an estate), or

Regulations section 301.7701-7).

- Partnerships that conduct a trade or  
generally required to pay a withholding  
of income from such business.
- Form W-9 has not been received, a  
that a partner is a foreign person,  
fore, if you are a U.S. person that is a  
ing a trade or business in the United  
a partnership to establish your U.S.  
your share of partnership income.

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

**Life Forward, Pregnancy Care of Cincinnati**

Business name/dissolved entity name, if different from above

Check appropriate box for federal tax classification:

Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►

Exempt payee

Other (see instructions) ►

**Nonprofit Corporation exempt under code section 501(c)(3)**

Address (number, street, and apt. or suite no.)

**2415 Auburn Avenue**

City, state, and ZIP code

**Cincinnati, OH 45219**

List account number(s) here (optional)

Requester's name and address (optional)

Social security number

			-		-	
--	--	--	---	--	---	--

Employer identification number

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## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

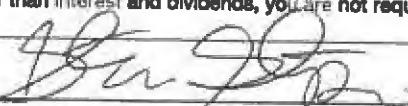
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here

Signature of  
U.S. person ►



Date ►

5/18/18

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

If Pregnancy-Related, Committee Determination of Primary Underlying Cause of Death (PMSS-MM)	2008-2012	PMSS-MM by Year (committee review, categorized)	2013-2016	
			#	Denominator
<b>Cardiovascular and Coronary Conditions</b>	18	708503	2.5	
<b>Infection</b>	15	708503	2.1	
<b>Hemorrhage</b>	15	708503	2.1	
<b>Cardiomyopathy</b>	10	708503	1.4	
<b>Embolism (not AF)</b>	8	708503	1.1	
<b>Preeclampsia and Eclampsia</b>	12	708503	1.7	
<b>Cardiovascular and Coronary Conditions</b>	12	556059	2.2	
<b>Infection</b>	10	556059	1.8	
<b>Hemorrhage</b>	7	556059	1.3	
<b>Cardiomyopathy</b>	8	556059	1.4	
<b>Embolism - (not AF)</b>	7	556059	1.3	
<b>Preeclampsia and Eclampsia</b>	10	556059	1.8	

If Pregnancy-Related, Committee Determination of Primary Underlying Cause of Death (PMSS-MM)	2008-2012	PMSS-MM by Year (committee review, categorized)	2013-2016	
			#	Denominator
<b>Cardiovascular and Coronary Conditions</b>	18	708503	2.5	
<b>Infection</b>	15	708503	2.1	
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<b>Cardiomyopathy</b>	10	708503	1.4	
<b>Embolism (not AF)</b>	8	708503	1.1	
<b>Preeclampsia and Eclampsia</b>	12	708503	1.7	
<b>Cardiovascular and Coronary Conditions</b>	12	556059	2.2	
<b>Infection</b>	10	556059	1.8	
<b>Hemorrhage</b>	7	556059	1.3	
<b>Cardiomyopathy</b>	8	556059	1.4	
<b>Embolism - (not AF)</b>	7	556059	1.3	
<b>Preeclampsia and Eclampsia</b>	10	556059	1.8	